



Missouri Agricultural and Small Business Development Authority
Qualified Beef Tax Credit Request for Transfer

MISSOURI FORM
QBT
Chapter 135.679 RSMo

IMPORTANT: A separate Form QBT must be submitted for each tax credit transfer.

PLEASE TYPE OR PRINT

SECTION 1:

Information on the current tax credit certificate holder.

Date: _____

Name of Holder: _____

Address: _____
STREET/P.O. BOX

CITY STATE ZIP CODE

Contact person: _____ Telephone: () _____
NAME AND TITLE

Federal Identification Number OR Social Security Number: _____

Approved Tax Credit Number: _____

Amount of approved Tax Credit to be transferred: \$ _____

Date of transfer: _____
MONTH/DAY/YEAR

Under penalties of perjury, we declare that we have examined this form, and to the best of our knowledge and belief, it is true, correct and complete. We do hereby affix our signatures on this _____ day of _____, _____.

Seller: _____

Subscribed and affirmed before me this _____ day of _____, _____

NOTARY My commission expires: _____

SECTION 2: Information on the transfer and assignee(s).

Name of Purchaser: _____

Address of Purchaser: _____
STREET/P.O. BOX

CITY STATE ZIP CODE

Phone Number: (____) _____

Taxpayer: ☐ Corporation ☐ Partnership ☐ Individual ☐ S-Corporation ☐ Trust ☐ Limited Liability Company
☐ Other (please describe) _____

F.E.I.N. or S.S. N.: _____ Missouri Tax I.D.: _____

Total Amount of Credit to be Transferred: \$ _____

Amount of Credit Purchased

Sale Price

\$ _____

\$ _____

Note: Total must be equal to the "Total Amount of Credit to be Transferred" from above. Use a separate sheet if necessary.

Note: If the taxpayer is a Trust, Partnership, Limited Liability Company or S-Corporation, attach a separate sheet to this form and identify the names, social security numbers, and proportionate share of ownership of each beneficiary, partner, or shareholder. The aggregate proportionate shares or percent of total ownership may not exceed 100%.

The taxpayer acquiring credits (the assignee), may use the acquired credits to offset up to 100% of the tax liabilities otherwise imposed by Chapter 143, RSMo, (excluding withholding tax imposed by sections 143.191 to 143.265, RSMo), Chapter 147, RSMo.

Under penalties of perjury, we declare that we have examined this form, and to the best of our knowledge and belief, it is true, correct and complete. We do hereby affix our signatures on this _____ day of _____.

Purchaser: _____

Subscribed and affirmed before me this _____ day of _____, _____

My commission expires: _____

NOTARY

**RETURN
COMPLETED
FORM TO:**

**Missouri Agricultural and Small Business Development Authority
P.O. Box 630
Jefferson City, Missouri 65102-0630
(573) 751-2129**